

THE "FRINGES" OF MEDICINE

Physicians as a class are well acquainted with what might be termed Medical Practice Proper; they have an essential knowledge and skill in diagnosis, prognosis and medical and surgical therapeutics. They accept without question that diagnosis, and medical and surgical treatment belong to the trained physician.

But step a little away from the body of the scheme of medical practice and consider the "fringe"; think for the moment of anesthesia; then clinical and X-ray laboratory procedures; physical therapy of one or another sort, and psychoanalysis and the various other forms of psychotherapy. Immediately it will be noted one or all of these portions of the fringe (but also equally essential parts of medical practice itself) have been, through lack of interest, and for other reasons, allowed to fall into the hands of lay people who lack the knowledge and skill necessary to the practice of medicine.

The State Society took a definite stand on the practice of anesthesia at its last meeting, declaring in effect that the practice of anesthesia was the practice of medicine and therefore that, whenever possible, anesthetics should be administered by physicians.

The attitude of a large percentage of the medical profession in California is approaching a place where a similar stand may be demanded as regards the laboratory, physiotherapy and any other medical procedures. Clinical and X-ray laboratories, physiotherapy departments and the like, whether in hospital, clinic or private practice, should not exist without direction and control of competent, graduated, and licensed physicians.

There are trained physicians in every community of any size who are ready and prepared to do the type of work under consideration. If the town is not big enough for a physician to find it profitable to do the work, it does not seem reasonable that a lay commercial firm should find it advantageous.

Therapeutic and other procedures, in addition to their value in the alleviation of suffering and restoration from disease or disability, carry with them elements of danger when placed in unskilled hands. Accept the physiotherapist who by proper training can apply such manipulation, massage and the like as you may think indicated in a given case; but remember he has not the medical knowledge that may determine when this or that form of treatment may actually be detrimental to your patient.

Laymen have recently opened offices for the practice of psychoanalysis. Such individuals have not been trained to recognize a paresis case, or a paranoiac with homicidal potentialities. During the search for the "complex" the result of admixture of interstitial gland and brain substance, the patient may decide to take the life of someone of great value to the community. Lay medical practice shows its danger to public security as well as public health.

In every other branch of human endeavor the

trained man seems to be in demand. Medical men in the rush from patient to patient and in the day that is all too short have seemed satisfied to watch the body of the practice of medicine and leave the fringe to laymen. Now times have changed; physicians are seeing, and will soon demand, that medical practice in all of its ramifications shall indeed be carried out by or under the direction of regular physicians.

COUNCIL OF SOCIAL AND HEALTH AGENCIES

There has just been formed in San Francisco a Council of Social and Health Agencies, which is designed to function as a clearing house for the relief and social problems of the city, and which should bear the same relation to municipal affairs that the State Conference of Social Agencies bears to State affairs. The objects of such a Council are (a) the promotion of real co-operation among all the public and private health and social agencies, (b) the development of higher standards and the promotion of greater efficiency in social and health work, (c) the prevention of waste and duplication of effort, (d) to advise in the undertaking of new work by organizations already in existence and in the creation of new agencies, (e) the promotion of all necessary activities and the discouragement of all unnecessary ones.

It is obvious that in any such program the position of the medical profession is important. If all questions of health are removed, the bulk of social work is done. While the actual administration of relief programs is properly in the hands of technically trained and experienced workers, it is none the less true that the advisory interest of the physician is absolutely essential if a sound progress is to follow. It is worth noting in the case of the new San Francisco Council, which has been organized and planned with unusual care and foresight, that on the directorate of twenty persons there are four physicians.

Some such co-ordinating body of all relief and medical agencies could with propriety and for efficiency be instituted in every town large enough to have any social problems requiring organized relief. A round-table discussion is the best way to arrive at peace and progress.

Special Articles

THE ROENTGEN DIAGNOSIS AND LOCALIZATION OF PEPTIC ULCER.*

By R. D. CARMAN, M. D.

Section on Roentgenology, Mayo Clinic, Rochester, Minn.

For a long time there has been a controversy over the relative merits of surgical and medical treatment of peptic ulcer. The crux of the question seems to lie mainly in accurate diagnosis. In most cases the surgeon has the advantage of being able to see, feel, and demonstrate the presence of ulcer before deciding on the method of operation. Very few medical men, however, can be certain of the presence of ulcer before begin-

* Read before the Forty-ninth Annual Meeting of the Medical Society of the State of California, Santa Barbara, May, 1920.